

## CLAIMS ONLY

Application Number

Application Number  
10-653625

Filing Date

Applicant(s)	
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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49						
50						
Total Indep	7					
Total Depend	47					
Total Claims	54					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Depend						
Total Claims						